

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15968

STATE FILE NUMBER

FILED MAY 14 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 88

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Rural Washington Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Moundville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION State Hospital No. 3, 9 yrs.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Martin Edward Sheridan			4. DATE OF DEATH Month Day Year May 5, 1957
5. SEX M	6. COLOR OR RACE wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 27, 1879
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 4 Days 8 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	11. BIRTHPLACE (City and state or country) Champaign, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Patrick Sheridan	
14. MOTHER'S MAIDEN NAME Mary Corgan		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Anna Sheridan, Moundville, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage Cerebral			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis			
DUE TO (c) Psychosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from March 1, 1956 to May 5, 1957 and last saw ^{her} him alive on May 5, 1957 . Death occurred at 9:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. C. Bradley MD (Degree or title)		22b. ADDRESS State Hospital #3, Nevada	
22c. DATE SIGNED 5-5-57		22d. PLACE SIGNED Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 8, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Nevada, Missouri
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home, Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 5-10-1957	26. REGISTRAR'S SIGNATURE Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

4510

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *L. Singleton Perry*

Licensed Embalmer No. *496*

P. O. Address *Nevada, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.